

COMMITTEE ON GOVERNMENT REFORM
TOM DAVIS, CHAIRMAN



MEDIA ADVISORY

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Contact: Robert White / Drew Crockett
(202) 225-5074

Is America Ready To Face The Next Flu Pandemic?
Flu Outbreak Is Largest Public Health Threat Facing World, Say Experts

What: Government Reform Committee Oversight Hearing:
“The Next Flu Pandemic: Evaluating U.S. Readiness”

When: THURSDAY, JUNE 30, 2005 at 10:00 A.M.

Where: ROOM 2154, RAYBURN HOUSE OFFICE BUILDING

Background:

WASHINGTON – More than a half-million people could die and more than 2.3 million could be hospitalized if a moderately severe strain of pandemic flu virus hits the United States. (Associated Press, June 24, 2005)

HONG KONG – Chinese farmers, acting with the approval and encouragement of government officials, have tried to suppress major bird flu outbreaks among chickens with an antiviral drug meant for humans, animal health experts said. International researchers now conclude that this is why the drug will no longer protect people in case of a worldwide bird flu epidemic. (Washington Post, June 18, 2005)

STOCKHOLM – Europe will almost certainly be hit by an influenza epidemic, possibly a mutation of bird flu which has already killed more than 50 people in Asia, the European Union's health commissioner said. (Reuters, May 27, 2005)

It's a matter of when, not if. The United States, like the rest of the world, must face the reality that the next flu pandemic could strike at any time. No one knows whether the next worldwide pandemic will be a version of the avian flu that continues to spread across Asia, or if it will be a different influenza strain.

What is not in question is that the stakes are enormous. The next pandemic, experts warn, could be worse than the Spanish Flu, which is estimated to have caused the deaths of 40-50 million people worldwide from 1918-1919. Given the economic integration of the world today, and our ability to travel rapidly from one corner of the globe to another, a pandemic could move around the world in the same amount of time it takes to fly from New York to Tokyo. We saw this with the SARS outbreak two years ago.

Several international scientists, including U.S. public health officials, have warned that a flu pandemic is the largest public health threat facing the world today. As history indicates, flu pandemics can be expected to occur three to four times each century, when novel flu strains emerge and are readily transmitted from person to person. It is difficult to predict precisely when pandemics will occur, but the next one is likely imminent.

The past few annual influenza seasons – the U.S. experienced severe vaccine shortages this past winter – as well as recent avian flu activity in Asia, have raised the urgent question of whether the U.S. is prepared to deal with the threat of a flu pandemic. The purpose of this hearing is to assess our public health system's response capabilities at the federal, state, and local levels, and to determine what additional measures are needed in order to improve preparations and reduce risks posed by an avian flu outbreak.

The Committee will examine what actions and planning procedures have been taken at federal, state, and local levels to adequately handle a global communicable disease outbreak. The World Health Organization (WHO), the Centers for Disease Control Prevention (CDC) and other public health organizations have been conducting surveillance in Asia where an avian flu strain, H5N1 is circulating, and to date has infected and killed more than 50 people in Vietnam, Cambodia and Thailand. The flu strain is extremely virulent, and most humans lack immunity.

Early detection of new strains and the rapid development of effective vaccines are important keys to defending the public against the flu, and anticipating potential outbreaks. Flu vaccines become obsolete following each season, and require constant reformulation. Once the next pandemic flu strain has been identified, a vaccine would take at least four months to produce. Furthermore, only a few countries have flu vaccine production facilities, and the U.S. is not among them. Antiviral medications, which could help alleviate symptoms of those who contract the pandemic flu virus and reduce mortality levels, are considered a strong first line of defense until a vaccine can be produced and administered. But the United States has only contracted for or stockpiled enough courses of the antiviral Tamiflu® to cover 5.3 million Americans, significantly short of the WHO's guideline of 25 percent of the population.

WITNESSES

Panel One

Dr. James W. LeDuc, Director, National Center for Infectious Diseases, Centers for Disease Control and Prevention

Dr. Anthony S. Fauci, Director, National Institute of Allergy and Infectious Diseases, National Institutes of Health

Dr. Bruce Gellin, Director, National Vaccine Planning Office, Department of Health and Human Services

Panel Two

Dr. Marcia Crosse, Director, Health Care Issues, U.S. Government Accountability Office

Ms. Mary C. Selecky, Washington State Secretary of Health, testifying on behalf of the Association of State and Territorial Health Officials

Dr. Dominick Iacuzio, Medical Director, Roche Laboratories, Inc.

Dr. Shelley A. Hearne, Executive Director, Trust for America's Health

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